

Student Health Plan/504

Student: \_\_\_\_\_

School: \_\_\_\_\_

Medical Condition: Type 1 diabetes (insulin-dependent)

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Mother:** \_\_\_\_\_

Physician: \_\_\_\_\_

Home: \_\_\_\_\_

Contact#: \_\_\_\_\_

Work: \_\_\_\_\_

Cell : \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Father:** \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Brief History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age of onset: \_\_\_\_\_ Most recent results & date of Hemoglobin A1C test: \_\_\_\_\_

Date(s) of recent hospitalizations: \_\_\_\_\_

Related social emotional factors:

\_\_\_\_\_

\_\_\_\_\_

Concurrent illness or disability: \_\_\_\_\_

\_\_\_\_\_

Level of Independence (See health care provider orders HCP) \_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

Plan: Daily Diabetes Routines (include snacks/times/lunch/blood sugar tests/  
Location(s)/injection(s)/ recess/p.e./etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations:

***Describe areas of need and action to be taken***

1. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. \_\_\_\_\_  
Action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Activities student can self-manage

\_\_\_\_\_ Totally independent management

OR

A. Blood sugar testing

\_\_\_\_\_ Student tests independently  
\_\_\_\_\_ Student tests with verification of # on meter by  
designated staff  
\_\_\_\_\_ Student needs help with testing and/or to be done by  
school nurse or designated staff  
\_\_\_\_\_ Test needs to be done by nurse  
\_\_\_\_\_ Other: \_\_\_\_\_

B. Insulin Injections

\_\_\_\_\_ Administers independently  
\_\_\_\_\_ Student self injects with verification of # on insulin pen  
by designated staff  
\_\_\_\_\_ Student self injects (syringe or pen) with school nurse  
supervision and/or administration by nurse  
\_\_\_\_\_ Administration by nurse  
\_\_\_\_\_ Other: \_\_\_\_\_

C. Treating Hypoglycemia and Hyperglycemia

\_\_\_\_\_ Self treat  
\_\_\_\_\_ Treat with verification from nurse or designated staff  
\_\_\_\_\_ Treatment by nurse  
\_\_\_\_\_ Other: \_\_\_\_\_

D. Monitoring of snacks and meals

\_\_\_\_\_ Monitor independently  
\_\_\_\_\_ Monitor with assistance from designated staff  
\_\_\_\_\_ Other: \_\_\_\_\_

E. Testing and interpretation of own ketone results

\_\_\_\_\_ Independently  
\_\_\_\_\_ Test with assistance of interpretation by designated staff  
\_\_\_\_\_ Testing and interpretation by nurse  
\_\_\_\_\_ Other: \_\_\_\_\_

F. Student implementation of universal precautions when lancing finger  
and disposing of lancets/syringes

\_\_\_\_\_ Demonstrates ability for independence  
\_\_\_\_\_ Nurse or designated staff to intervene with disposing of  
lancets/syringes  
\_\_\_\_\_ Other: \_\_\_\_\_

- G. Use and ability with insulin pump
- \_\_\_\_\_ Totally independent
- \_\_\_\_\_ Bolus for food and high blood sugar with verification of # on pump by designated staff
- \_\_\_\_\_ Bolusing by nurse
- \_\_\_\_\_ Other: \_\_\_\_\_

12. Trained personnel: (attended training and demonstrated understanding of procedures and safeguards) **Code**: (A) received full student 504 plan (B) received high and low blood sugar plan

Nurse and or health aide: \_\_\_\_\_ code \_\_\_\_\_

Secretary: \_\_\_\_\_ code \_\_\_\_\_

Recess duty: \_\_\_\_\_ code \_\_\_\_\_

Teacher: \_\_\_\_\_ code \_\_\_\_\_

P.E. Teacher: \_\_\_\_\_ code \_\_\_\_\_

Cafeteria: \_\_\_\_\_ code \_\_\_\_\_

Bus driver: \_\_\_\_\_ code \_\_\_\_\_

Other(s): \_\_\_\_\_ code \_\_\_\_\_

\_\_\_\_\_ code \_\_\_\_\_

\_\_\_\_\_ code \_\_\_\_\_

13. **Attach copies of a High and Low Blood Sugar Plan To this 504 health plan along with health care provider orders (HCP)**

14. **NEVER SEND A STUDENT WITH LOW OR HIGH BLOOD SUGAR ANYWHERE ALONE**

15. Equipment and supplies provided by parent

Blood sugar meter kits  
(Includes all blood testing  
supplies for school)

Other: Refer to Nurse's  
Cupboard Checklist

Low blood sugar supplies

EX: Fast acting carbohydrates  
fruit drinks, regular pop

\_\_\_\_\_  
\_\_\_\_\_

Glucose tablets

Disaster Plan & Supplies  
(See health care provider  
orders HCP)

Gel Cakemate (not frosting)

Pre-packaged snacks

cracker/cheese

cracker/peanut butter

Daily Snacks (for AM/PM snack)

16. School bus driver instruction

- \_\_\_\_\_ Call parent to pick up student if a low blood sugar episode occurs 30 minutes or less prior to departure regardless if sugar returns to normal reading.
- \_\_\_\_\_ Student to eat snack on bus if part of 504 plan or if having signs of low blood sugar and able to swallow.
- \_\_\_\_\_ Drive to call for special directions/instructions
- \_\_\_\_\_ Other: \_\_\_\_\_
- 

17. Date of next plan review: \_\_\_\_\_

Must be reviewed before next school year unless there is a change requiring earlier revision

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Teacher Date

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
School Nurse Date

\_\_\_\_\_  
Physician Date

\_\_\_\_\_  
School Administrator Date

# HEALTH CARE PROVIDER (HCP) ORDERS(modified from Washington State Schools)

Student's

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency numbers for parent/guardian(phone)\_\_\_\_-\_\_\_\_-\_\_\_\_(cell)\_\_\_\_-\_\_\_\_-\_\_\_\_

Doctor's Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ pager\_\_\_\_-\_\_\_\_-\_\_\_\_ Other contact\_\_\_\_-\_\_\_\_-\_\_\_\_

**Hypoglycemia** (fill-in individualized instructions on line or use those in parenthesis)

unconscious: \_\_\_\_\_(dial 911)

blood sugar <60 and symptomatic \_\_\_\_\_(juice, pop,candy)

blood sugar <80 and symptomatic \_\_\_\_\_(crackers/cheese)

blood sugar <100 and symptomatic \_\_\_\_\_(feed partial meal)

blood sugar >100 and symptomatic \_\_\_\_\_(feed partial meal)

**Blood sugar at which parent should be notified- low \_\_\_\_\_ high \_\_\_\_\_**

Blood sugar and insulin dosage prior to lunch-R is regular, H is Humalog, \_\_\_\_\_other insulin requested

blood sugar <100 \_\_\_\_\_units R - H - other\_\_\_\_\_(see hypoglycemia above)

blood sugar 100-149 \_\_\_\_\_units R - H - other\_\_\_\_\_

blood sugar 150-199 \_\_\_\_\_units R - H - other\_\_\_\_\_

blood sugar 200-249 \_\_\_\_\_units R - H - other\_\_\_\_\_

blood sugar 250-299 \_\_\_\_\_units R - H - other\_\_\_\_\_(check for ketones)

blood sugar 300-349 \_\_\_\_\_units R - H - other\_\_\_\_\_(check for ketones)

blood sugar 350-399 \_\_\_\_\_units R - H - other\_\_\_\_\_(check for ketones)

blood sugar > 400 \_\_\_\_\_units R - H - other\_\_\_\_\_(check for ketones)

**Licensed medical personnel allowed to give \_\_\_\_\_units(minimum) of insulin to \_\_\_\_\_units(max) of R, H, \_\_\_\_\_insulin after consultation with the parent/guardian.**

**If urine ketones (trace, small, moderate, large) call parents--circle 1 or more**

**Student's Self-Care** (ability level) Initials of:

Totally independent management

Student tests independently

Student needs verification of # by staff

Student needs help with testing

Testing to be done by school nurse

Student administers insulin independently

Student self injects with verification of #

Student self injects with nurse supervision

Student self treats mild hypoglycemia

Student monitors own snacks and meals

Student implements universal precautions

Student boluses for food and high blood sugar  
with verification of # on pump

Parent

HCP

Nurse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HCP \_\_\_\_\_(print) \_\_\_\_\_signature \_\_\_\_\_date

Parent \_\_\_\_\_(print) \_\_\_\_\_signature \_\_\_\_\_date

Nurse \_\_\_\_\_(print) \_\_\_\_\_signature \_\_\_\_\_date

**Start date \_\_\_\_\_ Termination date \_\_\_\_\_ or end of school year \_\_\_\_\_**